



# ADOPTION APPLICATION

L&S Dog Diggity Rescue

info@dogdiggityrescue.com / www.dogdiggityrescue.com

PET'S NAME: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

## ADOPTER INFO

Adopter's Name:			Address:			
City:		State/Prov:		Zip/Postal:		Country
Adopter's Age:			Adopter's Email:			
Phone (Cell):		(Home):		(Work):		
Adopter's Occupation:			Employer:			
Spouse's Name:			Spouse's Age:			
Spouse's Phone			Spouse's Email:			
Spouse's Occupation:			Employer:			

## HOUSEHOLD:

Do you own or rent?    OWN    RENT    LIVE WITH FAMILY

Do you already have permission from your landlord or family to adopt?    YES    NO

Are there pet restrictions where you live?    YES    NO

Please list pet restrictions or provide a copy of your landlord's pet policy: \_\_\_\_\_

Have you paid your pet deposit and submitted a pet agreement to your landlord?    YES    NO

*(We will need proof of pet deposit and pet agreement.)*

Do you agree to a pre-adoption interview with a rescue representative via phone, video chat, or in person?    YES    NO

Do you agree to allow a rescue representative to visit your home prior to the adoption?    YES    NO

After the pet is placed, do you agree to allow a rescue representative to make a follow-up visit in your home within 4 weeks?    YES    NO

After the pet is placed, do you agree to provide updates and photos of the pet to L&S Dog Diggity Rescue?    YES    NO

Under what circumstances might it be necessary for you to surrender, return, or re-home your pet?

Moving      Marriage      New Baby      Schedule Change      Illness      Divorce/Breakup      Other (Please Explain):

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Do you agree to notify L&S Dog Diggity Rescue immediately if you cannot keep your adopted pet?      YES      NO

(As part of our adoption contract, we MUST be notified if you cannot keep your pet, and we MUST be provided with the first opportunity to accept the pet into rescue again.)

**OTHER PEOPLE LIVING IN YOUR HOUSE:**

*Please list other people living in your household:*

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

**REFERENCES:**

*Please provide 2 reference that are not relatives:*

Name: _____	Email: _____
Phone: _____	How do you know this person? _____
Name: _____	Email: _____
Phone: _____	How do you know this person? _____

**VETERINARY REFERENCE:**

*Please provide us with your Veterinarian's information. If you do not already have a veterinarian, you must choose one before adoption.*

Doctor's Name: _____	Clinic: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Email: _____

## **TRANSPORT**

*The adoption fee is payable by check or PayPal. Adoption fee MUST be received and processed before we can reserve transport.*

If you are not local to San Antonio, TX, your pet will be provided transportation with Paws Without Borders transport service. Transport typically runs every 3-4 weeks.

Please select a pick-up location:

**Eugene, OR**

**Tualitin, OR**

**Centralia, WA**

**Olympia, WA**

**Federal Way, WA**

**Everett, WA**